

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
WASHINGTON, D.C. 20001

Year 2013

Filing Fee Enclosed  
 Profit / \$250.00  
 Non-Profit / \$50.00

ORIGINAL

LOBBYIST REGISTRATION FORM  
(See reverse side for Instructions)

AMENDMENT

1. (a) Registrant's Name American Public Health Association (b) Daytime Phone Number (202) 777-2445  
(c) Permanent Address 800 Eye Street, NW Washington, DC 20001  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) N/A  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address kemi.oluwafemi@apha.org

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

- (a) Name Eve Corbin, Esq. (b) Name \_\_\_\_\_  
Address 1717 K Street, N.W. Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington, DC 20036 (City, State, Zip Code) (City, State, Zip Code)

- Daytime Phone Number (202) 828-3432 Daytime Phone Number \_\_\_\_\_  
 If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have a contract to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

- (a) Name N/A (b) Daytime Phone Number N/A  
(c) Address N/A \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business N/A

4. Terms of Compensation: a) N/A (Salary) (b) N/A (Duration of Employment)

If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Conduit revenue bonds

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

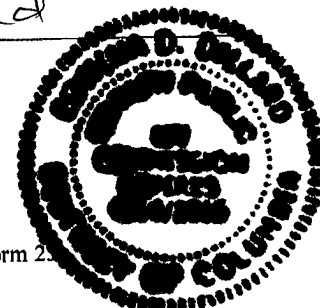
Sign LPR for the American Public Health Association  
Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign).

\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 15<sup>th</sup> day of March, 2013.

Edwina N. DeLaet  
Notary Public

My Commission Expires: 4/14/2016



BEGA REC'D 19MAR13